MCEP ACCREDITING AGENCY 1022 G STREET SACRAMENTO CALIFORNIA 95814-081

Mandatory Continuing Education for Psychologists (MCEP)

TEL: (916) 325-4720 Fax: (916) 325-4748

MCEP Credit Reporting Form

This Form is used to report courses that are directly authorized for MCEP credit by law or BOP regulation rather than by a recognized accrediting agency. The purpose of this report is to integrate MCEP credit from all sources into one complete record for each psychologist. If you need further assistance with this report, call the accrediting agency at the number

Date:	Psycholog	Psychology License #:		
Last Name:				
First Name:		Phone:	Phone:	
Address:				
City:		State:	Zip:	
Email Address: (a	opional)	,	<u>'</u>	
Date Distanc	e Learning Co	ourse Title	# of Credit Hours	
Ŋ	Yes No			
Y	Yes No			
Y	Yes No			
Υ	Yes No			
Yes No				
Y	Yes No			
Y	Yes No			
Y	Yes No			
verification is sufficient the event the Board of additional copies of t	ent. <u>Please do not so</u> of Psychology reque his form. Make che	end original certificates. Licens sts verification. If more room is	n attendance certificate or letter of ee must retain proof of attendance in needed to list courses, please attach to the above address. You may also to be processed.	
CC#:	Expiration Date:			
		nust be enclosed in order for thi		